

SECTION - A

**FIELD COC RECORDS AND RECEIVING
DOCUMENTATION**



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Chain of Custody Record

COC No.

3328251A

For Lab Use Only

Cart 4

VOA Rack/Tray 620R, 524R

Receipt Log No. 43.10

Project Chemist Lisa Harvey

Work Order No. 1204091

Client Name Techlaw Inc.

Address 205 W. Wacker Drive, Suite 1622

City, State Zip Chicago, IL 60606

Phone/Cell: 312.345.8930; 217.721.5483
Email: kwhitlock@techlawinc.com

Project Name KNM

Client Project No. / P.O. No.

Invoice To ☒ Client ☐ Other (comments)

Contact/Report To Kim Whitlock

Analyses Requested

Pg. 1 of 1

A	D	A	A	A	C	B	F	D	B
EDB-8011	VOC, TPH-GRO	SVOC PVA	Alk-BC/T, Cl, SO4	Amm., NO3+NO2	Total Ca, Mg, K, Na, Pb	sulfide	TPH-DRO	Dissolved Fe, Mn	

0	1	2	3	4	6	9	12	15
Number of Containers Submitted								

Total	Sample Comments
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Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	C O M P O S I T E	Matrix	Container Type (corresponds to Container Packing List)	Total	Sample Comments
A	W	015	KAFB - 003 A		4-4-12	13:01		W	2	2	
	W	2	KAFB - 003 B		13:04			W	5	5	
	W	3	KAFB - 003 C		13:08			W	2	2	
	W	4	KAFB - 003 D		13:20			W	1	1	
		5	KAFB - 003 E		13:23			W	1	1	
		6	KAFB - 003 F		13:28			W	1	1	
		7	KAFB - 003 G		13:26			W	1	1	
		8	KAFB - 003 H		13:15			W	2	2	
		9	KAFB - 003 I		13:31			W	1	1	
		10									

Comments: AMD, Std 10-BD, 15-DVP.

Sampled By (ppm) Brian Salera

Sampler's Signature Brian Salera

How Shipped? Tracking No.

Hand Carrier

Company

NMEV/HWB

1. Relinquished By Brian Salera

Date 4-4-12 Time 15:30

2. Relinquished By

Date Time

3. Relinquished By

Date Time 4:5:12 0815

ORIGINAL - LABORATORY

COPY - FIELD/SAMPLER

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Tech Law	New / Add To 1204091
Receipt Record Page/Line # 43.10	Project Chemist MMH Sample #s 01

Recorded by (initials/date) WC 4.5.12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other _____	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (# _____)
---	--	--------------------------	--

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
Im 2893	1035						
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / <u>Top</u> / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container	
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C
Temp Blank: -		3.9	Temp Blank:			Temp Blank:	
TB location: <u>Representative</u> / Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative	
1 4.4	-	4.4	1			1	
2 4.1	-	4.1	2			2	
3 4.8	-	4.8	3			3	
Average °C 4.4		Average °C		Average °C		Average °C	
<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?	

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ <input checked="" type="checkbox"/> Received for Lab Signed/Date/Time? <input checked="" type="checkbox"/> Shipping document? <input checked="" type="checkbox"/> Other _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: _____ Check COC for Accuracy Yes No <input checked="" type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> Sample Date and Time matches COC? <input checked="" type="checkbox"/> Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received? Sample Condition Summary N/A Yes No <input checked="" type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input type="checkbox"/> VOC vials / TOX containers have headspace? <input type="checkbox"/> Extra sample locations / containers not listed on COC?	Check Sample Preservation N/A Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Average sample temperature ≤6° C? <input checked="" type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄ Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input checked="" type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AFTER HOURS ONLY: COPIES OF COC TO LAB AREA(S) <input type="checkbox"/> NONE RECEIVED <input checked="" type="checkbox"/> RECEIVED, COCs TO LAB(S) </div> Notes <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 33%;">Cooler Received (Date/Time)</td> <td style="width: 33%;">Paperwork Delivered (Date/Time)</td> <td style="width: 33%;">≤1 Hour Goal Met?</td> </tr> <tr> <td>4.5.12 0815</td> <td>4.5.12 1040</td> <td>Yes / No</td> </tr> </table>	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?	4.5.12 0815	4.5.12 1040	Yes / No
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?					
4.5.12 0815	4.5.12 1040	Yes / No					

Client <u>Tech Law</u>		Work Order # <u>1204091</u>
Receipt Log # <u>43-10</u>	Completed By (initials/date) <u>wc 4.5.12</u>	Project Chemist <u>LmH</u>

COC ID # <u>332825H</u>				Adjusted by: _____ Date: _____		DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13	3	6	15			
Tag Color	Lt. Blue	Blue	Brown	Green	Red	Red Stripe			
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	None	HNO ₃	HNO ₃			
Expected pH	>12	<2	<2	6-8	<2	<2			
COC Line #1		✓		✓	✓	✓			
COC Line #2									
COC Line #3									
COC Line #4									
COC Line #5									
COC Line #6									
COC Line #7									
COC Line #8									
COC Line #9									
COC Line #10									

Ph Strip Lot # <input checked="" type="checkbox"/> HC133115 <input type="checkbox"/>

Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 3, 6, and 15.

Comments									
----------	--	--	--	--	--	--	--	--	--

COC ID # _____				Adjusted by: _____ Date: _____		DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5	4	13	3	6	15			
Tag Color	Lt. Blue	Blue	Brown	Green	Red	Red Stripe			
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	None	HNO ₃	HNO ₃			
Expected pH	>12	<2	<2	~7	<2	<2			
COC Line #1									
COC Line #2									
COC Line #3									
COC Line #4									
COC Line #5									
COC Line #6									
COC Line #7									
COC Line #8									
COC Line #9									
COC Line #10									

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5	NaOH
500	2.5
1000	5.0
Container Type 4	H ₂ SO ₄
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H ₂ SO ₄
500	2.5

Comments									
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Ref: LMH KNM Date: 14Mar12 SHIPPING: 0.00
Dep: Wgt: 20.00 LBS SPECIAL: 0.00
DV: 0.00 HANDLING: 0.00
TOTAL: 0.00

Svcs: STANDARD OVERNIGHT Master 4953 7700 2210
TRCK: 4953 7700 2253

ORIGIN ID: GRRR (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE

SHIP DATE: 14MAR12
ACTWGT: 20.0 LB MAN
CAD: 564091/CAFE2511

ALBUQUERQUE, NM 871094127
UNITED STATES US

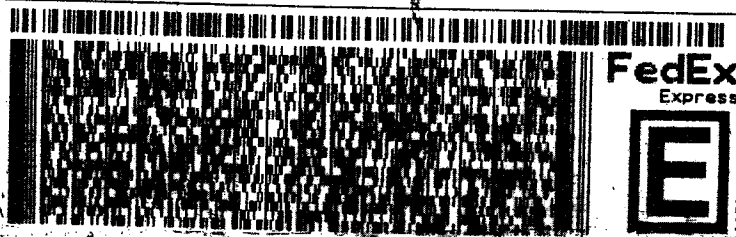
BILL SENDER

TO SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500

REF: LMH KNM



CUSTODY SEAL

DATE: *14 Mar 12*

SIGNATURE: *[Signature]*

REC

Quality Environmental Containers
800-255-5000 • 304-255-5000

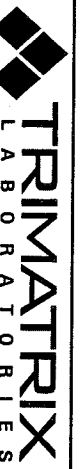
CUSTODY SEAL

DATE: *14 Mar 12*

SIGNATURE: *[Signature]*

REC

Quality Environmental Containers
800-255-5000 • 304-255-5000



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

332825 K

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

For Lab Use Only
Cart 4

VOA Pack/Tray 459B, 9B	Client Name TechLaw Inc.	Project Name KNM
Receipt Log No. 3-12	Address 205 W. Wacker Drive, Suite 1622	Client Project No. / P.O. No.
Project Chemist Lisa Harvey	City, State Zip Chicago, IL 60606	Invoice To <input checked="" type="radio"/> Client <input type="radio"/> Other (comments)
Work Order No. 1204205	Phone/Cell: 312.345.8930, 217.721.5483 Email: kmwhitlock@techlawinc.com	Contact/Report To Kim Whitlock

A	D	A	A	C	B	F	D	B
EDB-8011	VOC, TPH-GRO	SVOC (PMA)	Alk-BC/T, Cl, SO4	Amm., NO3+NO2	Total Ca, Mg, K, Na, Pb	sulfide	TPH-DRO	Dissolved Fe, Mn

← PRESERVATIVES
A NONE pH-7
B HNO₃ pH<2
C H₂SO₄ pH<2
D 1+1 HCl pH<2
E NaOH pH>12
F ZnAc/NaOH pH>9
G MeOH
H Other (note below)

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	C O M P	A B	Matrix	Container Type (corresponds to Container Packing List)	Number of Containers Submitted	Total	Sample Comments
W		1	106042-A		4-6-12	13:20			W	2		2	
W		2	106042-B						W	5		5	
W		3	106042-C						W	2		2	
W		4	106042-D						W	1		1	
W		5	106042-E						W	1		1	
		6	106042-F						W	1		1	
		7	106042-G						W	1		1	
		8	106042-H						W	2		2	
		9	106042-I						W	1		1	
		10											

Sampled By (print) Brian Salern
Sampler's Signature Brian Salern
Tracking No. _____
How Shipped? _____ Hand _____ Carrier _____
Comments: 4MD, Std 10-BD, 15-DVP.

Company NMED / HWB	1. Relinquished By Date 4/10/12 Time 13:30	2. Relinquished By Date _____ Time _____	3. Relinquished By Date _____ Time _____
1. Received By Date 4/10/12 Time 13:30	2. Received By Date _____ Time _____	3. Received For Lab By Date 4/11/12 Time 0820	



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

332825L

For Lab Use Only

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

Cart 4

VOA Rack/Tray 470w, 497w

Receipt Log No. 3.13

Project Chemist Lisa Harvey

Work Order No. 1204205

Client Name Techlaw Inc.

Address 205 W. Wacker Drive, Suite 1622

City, State Zip Chicago, IL 60606

Phone/Cell: 312.345.8930; 217.721.5483
Email: kwhitlock@techlawinc.com

Project Name KNM

Client Project No. / P.O. No.

Invoice To ☒ Client
☐ Other (comments)

Contact/Report To Kim Whitlock

A D A A A C B B F D B

EDB-8011
VOC, TPH-GRO
SVOC (Ana)
Alk-BC/T, Cl, SO4
Amm., NO3+NO2
Total Ca, Mg, K, Na, Pb
sulfide
TPH-DRO
Dissolved Fe, Mn

← PRESERVATIVES

A NONE pH-7
B HNO3 pH<2
C H2SO4 pH<2
D 1+1 HCl pH<4
E NaOH pH>12
F ZnAc/NaOH pH>9
G MeOH
H Other (note below)

Schedule Matrix Code Sample Number

Field Sample ID

Cooler ID

Sample Date

Sample Time

0 1 2 3 4 5 6 7 8 9

Matrix

Container Type (corresponds to Container Packing List)

Number of Containers Submitted

W 1

106089-A

4-8-12 14:20

✓

W

3

5

3

W 2

106089-B

W

5

2

5

W 3

106089-C

W

2

1

2

W 4

106089-D

W

1

1

1

W 5

106089-E

W

1

1

1

W 6

106089-F

W

1

1

1

W 7

106089-G

W

1

1

1

W 8

106089-H

W

2

2

2

W 9

106089-I

W

1

1

1

W 10

Sampled By (print) Brian Salem

How Shipped? Tracking No.

Hand Carrier

✓

Comments: 4MD, Std 10-BD, 15-DVP.

Sampler's Signature Brian Salem

Relinquished By Brian Salem

Date 4/10/12

Time 15:30

2. Received By

Date

Time

3. Relinquished By

Date

Time

Company WMEB/HWB

1. Received By

Date 4/10/12

Time 15:30

2. Received By

Date

Time

3. Relinquished By

Date

Time

Company

Relinquished By

Date 4/10/12

Time 15:30

2. Received By

Date

Time

3. Relinquished By

Date

Time

040411.12 0820

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Techlaw	Work Order #: 1204205
Receipt Record Page/Line # 3.12	New / Add To Project Chemist Sample #s 01-02

Recorded by (initials/date) WC 4-11-12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (#)
--	--	--------------------------	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
Im 0336	1300							
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		
Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	
Temp Blank:		2.1	Temp Blank:			Temp Blank:		
TB location: Representative / Not Representative			TB location: Representative / Not Representative			TB location: Representative / Not Representative		
1	2.2	2.2	1			1		
2	2.7	2.7	2			2		
3	2.6	2.6	3			3		
Average °C 2.6			Average °C			Average °C		
<input type="checkbox"/> Cooler ID on COC? <input checked="" type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ <input checked="" type="checkbox"/> Received for Lab Signed/Date/Time? <input checked="" type="checkbox"/> Shipping document? <input checked="" type="checkbox"/> Other _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: _____ Check COC for Accuracy Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> Sample Date and Time matches COC? <input checked="" type="checkbox"/> Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received? Sample Condition Summary N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input checked="" type="checkbox"/> VOC vials / TOX containers have headspace? <input checked="" type="checkbox"/> Extra sample locations / containers not listed on COC?	Check Sample Preservation N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/> Average sample temperature ≤6° C? <input checked="" type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? <input checked="" type="checkbox"/> Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄ Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input checked="" type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AFTER HOURS ONLY: COPIES OF COC TO LAB AREA(S) <input type="checkbox"/> NONE RECEIVED <input checked="" type="checkbox"/> RECEIVED, COCs TO LAB(S) </div> Notes <input type="checkbox"/> Trip Blank received <input checked="" type="checkbox"/> Trip Blank not listed on COC <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Cooler Received (Date/Time)</td> <td>Paperwork Delivered (Date/Time)</td> <td>≤1 Hour Goal Met?</td> </tr> <tr> <td>4-11-12 0820</td> <td>4-11-12 1305</td> <td>Yes / No</td> </tr> </table>	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?	4-11-12 0820	4-11-12 1305	Yes / No
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?					
4-11-12 0820	4-11-12 1305	Yes / No					

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Tech Law	Work Order #: 1204205
Receipt Record Page/Line # 3.13	Project Chemist SMH Sample #s 01-02

Recorded by (initials/date) WC 4-11-12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other _____	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (# _____)
--	--	--------------------------	--

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time	
Im 2022	1310							
Custody Seals: <input checked="" type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		
Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		
Coolant Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	
Temp Blank:		3.9	Temp Blank:			Temp Blank:		
TB location: Representative / Not Representative			TB location: Representative / Not Representative			TB location: Representative / Not Representative		
1	3.8	3.8	1			1		
2	4.1	4.1	2			2		
3	4.1	4.1	3			3		
Average °C 4.1			Average °C			Average °C		
<input type="checkbox"/> Cooler ID on COC? <input checked="" type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?		

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ <input checked="" type="checkbox"/> Received for Lab Signed/Date/Time? <input checked="" type="checkbox"/> Shipping document? <input checked="" type="checkbox"/> Other _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers:	Check Sample Preservation N/A Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Average sample temperature ≤6° C? <input checked="" type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄
---	---

Check COC for Accuracy Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Sample Date and Time matches COC? <input checked="" type="checkbox"/> Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received?	Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input checked="" type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab)
--	---

Sample Condition Summary N/A Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input type="checkbox"/> <input type="checkbox"/> VOC vials / TOX containers have headspace? <input type="checkbox"/> <input type="checkbox"/> Extra sample locations / containers not listed on COC?	Notes <input type="checkbox"/> Trip Blank received <input checked="" type="checkbox"/> Trip Blank not listed on COC <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Cooler Received (Date/Time)</th> <th style="width: 33%;">Paperwork Delivered (Date/Time)</th> <th style="width: 33%;">≤1 Hour Goal Met?</th> </tr> <tr> <td>4-11-12 0820</td> <td>4-11-12 1325</td> <td>Yes / No</td> </tr> </table>	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?	4-11-12 0820	4-11-12 1325	Yes / No
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?					
4-11-12 0820	4-11-12 1325	Yes / No					

Client <u>Tech Law</u>		Work Order # <u>1204205</u>
Receipt Log # <u>3.12</u>	Completed By (initials/date) <u>WC 4.11.12</u>	Project Chemist <u>MLH</u>

COC ID # <u>332825K</u>				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13	3	6	15					
Tag Color	Lt. Blue	Blue	Brown	Green	Red	Red Stripe					
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	None	HNO ₃	HNO ₃					
Expected pH	>12	<2	<2	6-8	<2	<2					
COC Line #1		✓	✓	✓	✓	✓					
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											

Comments

Ph Strip Lot #
<input checked="" type="checkbox"/> HC133115
<input type="checkbox"/>

Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 3, 6, and 15.

COC ID # _____				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5	4	13	3	6	15					
Tag Color	Lt. Blue	Blue	Brown	Green	Red	Red Stripe					
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	None	HNO ₃	HNO ₃					
Expected pH	>12	<2	<2	~7	<2	<2					
COC Line #1											
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											

Comments

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5	NaOH
500	2.5
1000	5.0
Container Type 4	H ₂ SO ₄
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H ₂ SO ₄
500	2.5



SAMPLE PRESERVATION VERIFICATION FORM

page

12 of 12

Client Tech Low	Work Order # 1204205
Receipt Log # 3-13	Completed By (initials/date) wc 4-11-12
	Project Chemist MD

COC ID # 332825L				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13		3	6	15				
Tag Color	Lt. Blue	Blue	Brown		Green	Red	Red Stripe				
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄		None	HNO ₃	HNO ₃				
Expected pH	>12	<2	<2		6-8	<2	<2				
COC Line #1		✓	✓		✓	✓	✓				
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											
Comments											

Ph Strip Lot # HC133115

Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 3, 6, and 15.

COC ID #				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5	4	13		3	6	15				
Tag Color	Lt. Blue	Blue	Brown		Green	Red	Red Stripe				
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄		None	HNO ₃	HNO ₃				
Expected pH	>12	<2	<2		~7	<2	<2				
COC Line #1											
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											
Comments											

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5	NaOH
500	2.5
1000	5.0
Container Type 4	H ₂ SO ₄
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H ₂ SO ₄
500	2.5

1204205

Ref: LMH KNM Date: 14Mar12 SHIPPING: 0.00
Dep: Wgt: 20.00 LBS SPECIAL: 0.00
HANDLING: 0.00
DV: 0.00 TOTAL: 0.00

Svcs: STANDARD OVERNIGHT Master 4953 7700 2210
TRCK: 4953 7700 2286

ORIGIN ID: GRRR (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE

SHIP DATE: 14MAR12
ACTWGT: 20.0 LB MAN
CAD: 564091/CAFE2511

ALBUQUERQUE, NM 871094127
UNITED STATES US

BILL SENDER

TO SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: LMH KNM



CUSTODY SEAL

DATE

4/10/12

SIGNATURE

Brian Saler

QEC

Quality Environmental Containers
800-255-3950 • 304-255-3900

Ref: LMH KNM
Dep:

Date: 14Mar12
Wgt: 20.00 LBS
DV: 0.00

SHIPPING: 0.00
SPECIAL: 0.00
HANDLING: 0.00
TOTAL: 0.00

Svcs: STANDARD OVERNIGHT Master 4953 7700 2210
TRCK: 4953 7700 2297

ORIGIN ID: GRRR (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE

ALBUQUERQUE, NM 871094127
UNITED STATES US

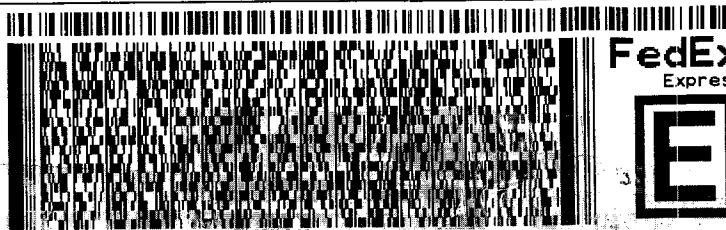
SHIP DATE: 14MAR12
ACTWGT: 20.0 LB MAN
CAD: 564091/CAFE2511

BILL SENDER

TO SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: LMH KNM



CUSTODY SEAL

DATE

SIGNATURE

QEC

Quality Environmental Containers
800-255-3950 • 304-255-3900



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

3328251

For Lab Use Only

Phone (616) 975-4500 Fax (616) 942-7463

www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

Cart 7

VOA Rack/Tray
6306, 6446

Client Name
TechLaw Inc.

Project Name
KNM

Receipt Log No. 15.7

Address
205 W. Wacker Drive, Suite 1622

Client Project No. / P.O. No.

Project Chemist
Lisa Harvey

City, State Zip
Chicago, IL 60606

Invoice To ☒ Client
☐ Other (comments)

Work Order No. 1204329

Phone/Cel: 312.345.8930; 217.721.5483
Email: kmwhitlock@techlawinc.com

Contact/Report To
Kim Whitlock

A	D	A	A	C	B	F	D	B
EDB-8011	VOC, TPH-GRO	SVOC	Alk-BC/T, Cl, SO4	Amm., NO3+NO2	Total Ca,Mg,K,Na,Pb	sulfide Empty	TPH-DRO	Dissolved Fe,Mn

Container Type (corresponds to Container Packing List)

- ← PRESERVATIVES
- A NONE pH-7
 - B HNO₃ pH<2
 - C H₂SO₄ pH<2
 - D 1+1 HCl pH<2
 - E NaOH pH>12
 - F ZnAc/NaOH pH>9
 - G MeOH
 - H Other (note below)

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	C O M P	G A B	Matrix	Number of Containers Submitted	Total	Sample Comments
W		1	1060584		4-17-12	12:11			W	3		
W		2	106058B						W	5		
W		3	106058C						W	2		
W		4	106058D						W	1		
W		5	106058E							1		
W		6	106058F							1		
W		7	106058G							1		
W		8	106058H							2		
W		9	106058I							1		
W		10										

Sampled By (print) Brian Salen How Shipped? ✓ Hand ✓ Carrier ✓

Sampler's Signature Brian Salen Tracking No. _____

Company NMEO/HWB

1. Relinquished By Brian Salen Date 4-17-12 Time 15:00

2. Relinquished By _____ Date _____ Time _____

3. Relinquished By Wade Date 4-18-12 Time 0800

Comments: 4MD. Std 10-BD; 15-DVP.

Submit for empty - 4MD

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Techlaw	Work Order #: 1204329
Receipt Record Page/Line # 15.7	New / Add To Project Chemist Sample #s

Recorded by (Initials/date) WC 4-18-12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 1	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (#)
--	--	--------------------------	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
Im 0611	1005						
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: <input checked="" type="checkbox"/> Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input checked="" type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact Coolant Location: Dispersed / Top / Middle / Bottom Coolant/Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container	
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C
Temp Blank:			Temp Blank:			Temp Blank:	
TB location: Representative / Not Representative			TB location: Representative / Not Representative			TB location: Representative / Not Representative	
1	5.2	-	5.2	1			
2	4.6	-	4.6	2			
3	4.7	-	4.7	3			
Average °C			4.8	Average °C			
<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?				<input type="checkbox"/> Cooler ID on COC? <input type="checkbox"/> VOC Trip Blank received?			

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ <input checked="" type="checkbox"/> Received for Lab Signed/Date/Time? <input type="checkbox"/> Shipping document? <input type="checkbox"/> Other COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: <div style="font-size: 1.5em; margin-left: 50px;">332825</div>	Check Sample Preservation N/A Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Average sample temperature ≤6° C? <input checked="" type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? <input checked="" type="checkbox"/> Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄						
Check COC for Accuracy Yes No <input checked="" type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> Sample Date and Time matches COC? <input checked="" type="checkbox"/> Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received?	Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input checked="" type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab) <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> AFTER HOURS ONLY: COPIES OF COC TO LAB AREA(S) <input type="checkbox"/> NONE RECEIVED <input checked="" type="checkbox"/> RECEIVED, COCs TO LAB(S) </div>						
Sample Condition Summary N/A Yes No <input checked="" type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> Illegible information on labels? <input type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input checked="" type="checkbox"/> VOC vials / TOX containers have headspace? <input checked="" type="checkbox"/> Extra sample locations / containers not listed on COC?	Notes <div style="margin-top: 20px;"> <input type="checkbox"/> Trip Blank received <input type="checkbox"/> Trip Blank not listed on COC <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Cooler Received (Date/Time)</th> <th style="width: 33%;">Paperwork Delivered (Date/Time)</th> <th style="width: 34%;">≤1 Hour Goal Met?</th> </tr> <tr> <td>4-18-12 0800</td> <td>4-18-12 1015</td> <td>Yes <input checked="" type="radio"/> No <input checked="" type="radio"/></td> </tr> </table> </div>	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?	4-18-12 0800	4-18-12 1015	Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?					
4-18-12 0800	4-18-12 1015	Yes <input checked="" type="radio"/> No <input checked="" type="radio"/>					



SAMPLE PRESERVATION VERIFICATION FORM

page ____ of ____

Client Techlaw	Work Order # 1204329
Receipt Log # 15.7	Completed By (initials/date) WC 4.18.12
Project Chemist	

COC ID # 332825				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13		3	6	15				
Tag Color	Lt. Blue	Blue	Brown		Green	Red	Red Stripe				
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄		None	HNO ₃	HNO ₃				
Expected pH	>12	<2	<2		6-8	<2	<2				
COC Line #1		✓			✓	✓	✓				
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											

Comments

Ph Strip Lot #

☒ **HC133115**
☐

Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 3, 6, and 15.

COC ID #				Adjusted by: _____ Date: _____				DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5	4	13		3	6	15				
Tag Color	Lt. Blue	Blue	Brown		Green	Red	Red Stripe				
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄		None	HNO ₃	HNO ₃				
Expected pH	>12	<2	<2		~7	<2	<2				
COC Line #1											
COC Line #2											
COC Line #3											
COC Line #4											
COC Line #5											
COC Line #6											
COC Line #7											
COC Line #8											
COC Line #9											
COC Line #10											

Comments

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5	NaOH
500	2.5
1000	5.0
Container Type 4	H ₂ SO ₄
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H ₂ SO ₄
500	2.5

Ref: LMH KNM
Dep:

Date: 14Mar12
Wgt: 20.00 LBS

SHIPPING: 0.00
SPECIAL: 0.00
HANDLING: 0.00
TOTAL: 0.00

DV: 0.00

Svcs: STANDARD OVERNIGHT Master 4953 7700 210
TRCK: 4953 7 00 2275

ORIGIN ID: GRRR (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE

SHIP DATE: 14MAR12
ACTWGT: 20.0 LB MAN
CAD: 564091/CAFE2511

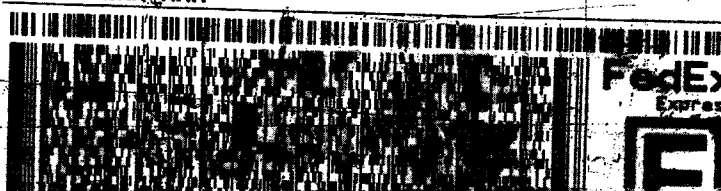
ALBUQUERQUE, NM 871094127
UNITED STATES US

BILL SENDER

TO SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: LMH KNM



CUSTODY SEAL

SIGNATURE *[Signature]*

QEC

Environmental Containers
800-255-3888 • 304-255-3888

CUSTODY SEAL

SIGNATURE *[Signature]*

QEC

Quality Environmental Containers
800-255-3888 • 304-255-3888



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

332918A

For Lab Use Only

Phone (616) 975-4500 Fax (616) 942-7463

www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

Cart 11

VOA Rack/Tray 581G, 3410G

Client Name
TechLaw Inc.

Address
205 W. Wacker Drive, Suite 1622

City, State Zip
Chicago, IL 60606

Phone/Cell: 312.345.8930; 217.721.5483

Email: kwhitlock@techlawinc.com

Project Name
KNM

Client Project No. / P.O. No.

Invoice To
☒ Client
☐ Other (comments)

Contact/Report To
Kim Whitlock

EDB-8011

VOC, TPH-GRO

SVOC

Alk-BC/T, Cl, SO4

Amm., NO3-NO2

Total Ca,Mg,K,Na,Pb

Receipt Log No. 27-7

Project Chemist
Lisa Harvey

City, State Zip
Chicago, IL 60606

Phone/Cell: 312.345.8930; 217.721.5483

Email: kwhitlock@techlawinc.com

Project Name
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VOC, TPH-GRO

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Alk-BC/T, Cl, SO4

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Total Ca,Mg,K,Na,Pb

sulfide

Work Order No. 1204454

City, State Zip
Chicago, IL 60606

Phone/Cell: 312.345.8930; 217.721.5483

Email: kwhitlock@techlawinc.com

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VOC, TPH-GRO

SVOC

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Total Ca,Mg,K,Na,Pb

sulfide

TPH-DRO

Schedule Matrix Code

Sample Number

Field Sample ID

Cooler ID

Sample Date

Sample Time

Matrix

Number of Containers Submitted

Total

Sample Comments

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix

Matrix Code

Sample Number

Field Sample ID

Cooler ID

Sample Date

Sample Time

Matrix

Number of Containers Submitted

Total

Sample Comments

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Sample Date

Sample Time

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Number of Containers Submitted

Total

Sample Comments

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Matrix

Matrix Code

Sample Number

Field Sample ID

Cooler ID

Sample Date

Sample Time

Matrix

Number of Containers Submitted

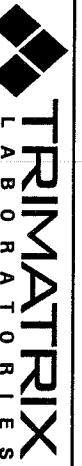
Total

Sample Comments

Matrix

Matrix

Matrix



5560 Corporate Exchange Court SE
Grand Rapids, MI 49512

Chain of Custody Record

COC No.

332825A

For Lab Use Only

Phone (616) 975-4500 Fax (616) 942-7463
www.trimatrixlabs.com

Analyses Requested

Pg. 1 of 1

Cart 11

VOA Rack/Tray 581G 340G

Receipt Log No. 27-7

Project Chemist Lisa Harvey

Work Order No. 1204454

Client Name TechLaw Inc.
Address 205 W. Wacker Drive, Suite 1622
City, State Zip Chicago, IL 60606

Project Name KNM
Client Project No. / P.O. No.

Invoice To ☒ Client
Other (comments)

Contact/Report To Kim Whitlock

A	D	A	A	C	B	F	D	B
EDB-8011	VOC, TPH-GRO	SVOC	Alk-BC/T, Cl, SO4	Amm., NO3+NO2	Total Ca, Mg, K, Na, Pb	sulfide	TPH-DRO	Dissolved Fe, Mn

← PRESERVATIONS

- A NONE pH<7
- B HNO3 pH<2
- C H2SO4 pH<2
- D 1+1 HCl pH<2
- E NaOH pH>12
- F ZnAc/NaOH pH>9
- G MeOH
- H Other (note below)

Schedule	Matrix Code	Sample Number	Field Sample ID	Cooler ID	Sample Date	Sample Time	Q	M	P	S	Matrix	Number of Containers Submitted	Total	Sample Comments
W		1	106054 A		4/24/12	13:30					W	3	3	
W		2	106054 B								W	5	5	
W		3	106054 C								W	2	2	
W	-02	4	106054 D								W	1	1	
		5	106054 E									1	1	
		6	106054 F									1	1	
		7	106054 G									1	1	
		8	106054 H									2	2	
		9	106054 I									1	1	
		10												

Comments: 4MD, Std 10-BD, 15-DVP.

Sampled By (print) Brian Salem	How Shipped? Tracking No.	Hand	Carrier
Samplers Signature Brian Salem	1. Relinquished By Brian Salem	Date 4-24-12	Time 13:30
Company NMEO/HWB	1. Received By	Date	Time
	2. Relinquished By	Date	Time
	2. Received By	Date	Time
	3. Relinquished By	Date	Time
	3. Received For Lab By	Date 4-25-12	Time 0815

SAMPLE RECEIVING / LOG-IN CHECKLIST



Client Techlaw	Work Order #: 1204454
Receipt Record Page/Line # 27-7	New / Add To Project Chemist Sample #s

Recorded by (initials/date) WC 4-25-12	<input checked="" type="checkbox"/> Cooler <input type="checkbox"/> Box <input type="checkbox"/> Other	Qty Received 2	<input checked="" type="checkbox"/> IR Gun (#202) Thermometer Used <input type="checkbox"/> Digital Thermometer (#54) <input type="checkbox"/> See Additional Cooler Information Form <input type="checkbox"/> Other (#)
--	--	--------------------------	---

Cooler #	Time	Cooler #	Time	Cooler #	Time	Cooler #	Time
Im 2758	0925	Im 0624	0930				
Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input checked="" type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact		Custody Seals: <input type="checkbox"/> None <input type="checkbox"/> Present / Intact <input type="checkbox"/> Present / Not Intact	
Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom		Coolant Location: Dispersed / Top / Middle / Bottom	
Coolant Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input checked="" type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers		Coolant Temperature Taken Via: <input type="checkbox"/> Loose Ice / Avg 2-3 containers <input type="checkbox"/> Bagged Ice / Avg 2-3 containers <input type="checkbox"/> Blue Ice / Avg 2-3 containers <input type="checkbox"/> None / Avg 2-3 containers	
Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input checked="" type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container		Alternate Temperature Taken Via: <input type="checkbox"/> Temperature Blank (TB) <input type="checkbox"/> 1 Container	
Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C	Actual °C	Recorded °C	Correction Factor °C
Temp Blank: -		2.7	Temp Blank: -		3.0	Temp Blank:	
TB location: <input checked="" type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		TB location: <input checked="" type="checkbox"/> Representative / <input type="checkbox"/> Not Representative		TB location: Representative / Not Representative		TB location: Representative / Not Representative	
1	3.8	-	3.8	1			
2	3.3	-	3.3	2			
3	4.1	-	4.1	3			
Average °C		3.7	Average °C	4.2	Average °C		Average °C
<input checked="" type="checkbox"/> Cooler ID on COC?			<input checked="" type="checkbox"/> Cooler ID on COC?			<input type="checkbox"/> Cooler ID on COC?	
<input checked="" type="checkbox"/> VOC Trip Blank received?			<input checked="" type="checkbox"/> VOC Trip Blank received?			<input type="checkbox"/> VOC Trip Blank received?	

If any shaded areas checked, complete Sample Receiving Non-Conformance and/or Inventory Form

Paperwork Received Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Chain of Custody record(s)? If No, Initiated By _____ <input checked="" type="checkbox"/> Received for Lab Signed/Date/Time? <input checked="" type="checkbox"/> Shipping document? <input checked="" type="checkbox"/> Other _____ COC Information <input checked="" type="checkbox"/> TriMatrix COC <input type="checkbox"/> Other _____ COC ID Numbers: _____	Check Sample Preservation N/A Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Average sample temperature ≤6° C? <input checked="" type="checkbox"/> Was thermal preservation required? If "No", Project Chemist Approval Initials: _____ If "Yes" Completed Non Con Cooler - Cont Inventory Form? <input checked="" type="checkbox"/> Completed Sample Preservation Verification Form? <input checked="" type="checkbox"/> Samples chemically preserved correctly? If "No", added orange tag? <input type="checkbox"/> Received pre-preserved VOC soils? <input type="checkbox"/> MeOH <input type="checkbox"/> Na ₂ SO ₄						
Check COC for Accuracy Yes No <input checked="" type="checkbox"/> <input type="checkbox"/> Analysis Requested? <input checked="" type="checkbox"/> Sample ID matches COC? <input checked="" type="checkbox"/> Sample Date and Time matches COC? <input checked="" type="checkbox"/> Container type completed on COC? <input checked="" type="checkbox"/> All container types indicated are received?	Check for Short Hold-Time Prep/Analyses <input type="checkbox"/> Bacteriological <input type="checkbox"/> Air Bags <input type="checkbox"/> EnCores / Methanol Pre-Preserved <input type="checkbox"/> Formaldehyde/Aldehyde <input type="checkbox"/> Green-tagged containers <input type="checkbox"/> Yellow/White-tagged 1L ambers (SV Prep-Lab)						
Sample Condition Summary N/A Yes No <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Broken containers/lids? <input checked="" type="checkbox"/> Missing or incomplete labels? <input checked="" type="checkbox"/> Illegible information on labels? <input checked="" type="checkbox"/> Low volume received? <input checked="" type="checkbox"/> Inappropriate or non-TriMatrix containers received? <input type="checkbox"/> VOC vials / TOX containers have headspace? <input type="checkbox"/> Extra sample locations / containers not listed on COC?	Notes <input type="checkbox"/> Trip Blank received <input checked="" type="checkbox"/> Trip Blank not listed on COC <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Cooler Received (Date/Time)</th> <th style="width: 33%;">Paperwork Delivered (Date/Time)</th> <th style="width: 33%;">≤1 Hour Goal Met?</th> </tr> <tr> <td>4-25-12 0815</td> <td>4-25-12 0935</td> <td>Yes No</td> </tr> </table>	Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?	4-25-12 0815	4-25-12 0935	Yes No
Cooler Received (Date/Time)	Paperwork Delivered (Date/Time)	≤1 Hour Goal Met?					
4-25-12 0815	4-25-12 0935	Yes No					

Client <u>Techlaw</u>		Work Order # <u>1204454</u>
Receipt Log # <u>27.7</u>	Completed By (initials/date) <u>WC 4.25.12</u>	Project Chemist

COC ID # <u>332918</u>				Adjusted by: _____ Date: _____		DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5 / 23	4	13	3	6	15			
Tag Color	Lt. Blue	Blue	Brown	Green	Red	Red Stripe			
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	None	HNO ₃	HNO ₃			
Expected pH	>12	<2	<2	6-8	<2	<2			
COC Line #1		✓		✓	✓	✓			
COC Line #2									
COC Line #3									
COC Line #4									
COC Line #5									
COC Line #6									
COC Line #7									
COC Line #8									
COC Line #9									
COC Line #10									
Comments									

Ph Strip Lot #
<input checked="" type="checkbox"/> HC133115
<input type="checkbox"/>

Aqueous Samples: For each sample and container type, check the box if pH is acceptable. If pH is not acceptable for any sample container, record pH in box, and note on Sample Receiving Checklist and on Sample Receiving Non-Conformance Form. If approved by Project Chemist, add acid or base to the sample to achieve the correct pH. Add up to, but do not exceed 2x the volume initially added at container prep (see table below for initial volumes used). Add orange pH tag to sample container and record information requested. Record adjusted pH on this form. Do not adjust pH for container types 3, 6, and 15.

COC ID # <u>332825</u>				Adjusted by: _____ Date: _____		DO NOT ADJUST pH FOR THESE CONTAINER TYPES			
Container Type	5	4	13	3	6	15			
Tag Color	Lt. Blue	Blue	Brown	Green	Red	Red Stripe			
Preservative	NaOH	H ₂ SO ₄	H ₂ SO ₄	None	HNO ₃	HNO ₃			
Expected pH	>12	<2	<2	~7	<2	<2			
COC Line #1		✓		✓	✓	✓			
COC Line #2									
COC Line #3									
COC Line #4									
COC Line #5									
COC Line #6									
COC Line #7									
COC Line #8									
COC Line #9									
COC Line #10									
Comments									

Container Size (mL)	Original Vol. of Preservative (mL)
Container Type 5	NaOH
500	2.5
1000	5.0
Container Type 4	H ₂ SO ₄
125	0.5
250	1.0
500	2.0
1000	4.0
Container Type 13	H ₂ SO ₄
500	2.5

Ref: LMH KNM
Dep:

Date: 14Mar12
Wgt: 20.00 LBS

SHIPPING:
SPECIAL:
HANDLING:
TOTAL:

DV: 0.00

Svcs: STANDARD OVERNIGHT Master 4953 7700 2210
TRCK: 4953 7700 2323

ORIGIN ID: GRRR (505) 222-9504
SID BRANDWEIN
NEW MEXICO ENV. DEPT.
5500 SAN ANTONIO DR NE

SHIP DATE: 14MAR12
ACTWGT: 20.0 LB MA
CAD: 564091/CAFE25

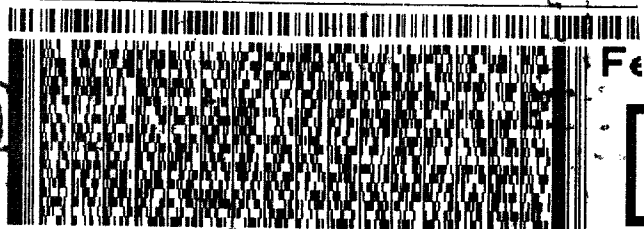
ALBUQUERQUE, NM 871094127
UNITED STATES US

BILL SENDER

TO SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: LMH KNM



Ref: LMH KNM
Dep:

Date: 14Mar12
Wgt: 20.00 LBS

SHIPPING:
SPECIAL:
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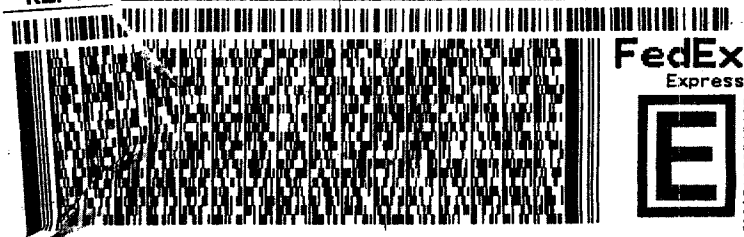
ALBUQUERQUE, NM 871094127
UNITED STATES US

BILL SENDER

TO SAMPLE MANAGEMENT GROUP
TRIMATRIX LABORATORIES
5560 CORPORATE EXCHANGE COURT SE

GRAND RAPIDS MI 495125503

(616) 975-4500
REF: LMH KNM



FedEx
TRK# 4953 7700 2323
0221

WED - 25 APR
STANDARD OVERNIGHT

FedEx
TRK# 4953 7700 2210
0221

WED - 25 APR A1
STANDARD OVERNIGHT

XX GRRR

49512
MI-US GRR

MAINTENANCE SEAL

SIGNATURE *[Signature]*

MAINTENANCE SEAL

24 *[Signature]*

MAINTENANCE SEAL